

# E-CIGARETTE AND VAPORIZER GENERAL& PRODUCTS LIABILITY APPLICATION - 2019

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.

**BROKER SECTION:**

Agency: \_\_\_\_\_ Phone \_\_\_\_\_

Broker/Agent: \_\_\_\_\_ Email: \_\_\_\_\_

**BACKGROUND INFORMATION – PLEASE READ:**

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, please attach a separate page.
4. This application must be completed, dated and signed by a Principal of the Applicant.

**I. APPLICANT INFORMATION**

a) Name of Applicant (s) (and list all subsidiary Companies / DBA's) : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

c) Location(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

d) Telephone \_\_\_\_\_ Website \_\_\_\_\_

e) Email \_\_\_\_\_ Contact Name \_\_\_\_\_

f) Applicant is: Individual Partnership Corporation Joint Venture LLC

Other: \_\_\_\_\_

g) Date of Incorporation/Start of Operations: \_\_\_\_\_



f) Do you sell or have you ever sold any of the following brands – if so – please enter sales:

E-fest \_\_\_\_\_  
 MXJO \_\_\_\_\_  
 LG \_\_\_\_\_

g) Do you rewrap or sell rewrapped batteries? Yes No

h) Do you sell charging bags or carry cases Yes No

i) Where do you source your batteries from: \_\_\_\_\_

**III. E-LIQUIDS**

a) What products do you Manufacture (M), Sell (S) or distribute (D):

Product Type	M	S	D
Finished E-Liquids (NOTE – mixing of PG/VG, Nicotine and flavourings is considered manufacture of finished e liquids)			
Flavorings or Flavoring Extracts			
Propylene Glycol or Vegetable Glycerine			
Liquid Nicotine			
Pre filled cartridges or pods			
Other (please describe)			

b) Do your liquids contain:

Tobacco Extracts Yes No  
 High Strength Nicotine Salts Yes No  
 If liquids contain High Strength Nicotine Salts, are they labelled not for use with  
 high power sub ohm devices Yes No

c) Are you a member of AEMSA? Yes No  
 (If yes – please skip to question d) below. If no – please complete section d )

d)

i. If the products you sell are not manufactured by you – please confirm the name of supplier or contract manufacturer and country of origin: \_\_\_\_\_

ii. If products are manufactured by you:

1. where do you source your flavoring chemicals, PG/VG and Liquid Nicotine? (List Country of origin and Supplier ): \_\_\_\_\_

- 2. are these ingredients USP (US Pharmacopoeia) grade certified or equivalent? Yes No
- 3. do you purchase these ingredients in bulk? Yes No
- 4. if so, do you store appropriately and manage expiry dates Yes No
- 5. do you receive product safety data sheets with your flavors? Yes No
- 6. are the flavoring extracts you purchase from a 3<sup>rd</sup> party supplier made specifically for use within e liquids? Yes No

7. where are e-liquids mixed:

Dedicated Clean Room	
Contracted out to a 3 <sup>rd</sup> party lab	
Warehouse	
Staff only area in store	
Counter in store or Vape Lounge as required	
Other (please describe)	

e) **Warranties.**

**The applicant understands that no coverage shall be afforded to finished products:**

- 1) where the nicotine content has not been tested to verify the final content matches the amount declared on the label
- 2) which are not sold in child proof/ tamper proof containers
- 3) which do not have warnings (see section V) on the label
- 4) which do not display a Prop 65 warning on the label. (applicable only to Nicotine products sold in California)

**The applicant further understands that, as a requirement of coverage, all manufacturers must sterilise their mixing/testing/extraction equipment using FDA approved chemicals or alcohols or via Autoclave system.**

**Please confirm your acceptance by signing below:**

\_\_\_\_\_

e) Does your E-liquid contain Taurine, Caffeine or any Stimulants OTHER than Nicotine? Yes No  
 i. If yes please list :: \_\_\_\_\_

f) Does your e-liquid contain CBD? Yes No  
 i. What percentage of sales is for CBD E-Liquids? \_\_\_\_\_  
 ii. Do you sell any other CBD products?

Product Type	Please tick
Edibles – candy, snacks, chocolate, drops and lozenges, CBD infused drinks and teas	
Tinctures and oils for oral administration	

Lotions, massage oils or hair products	
Supplements or pills containing CBD	
Animal products	

#### IV. VAPE SHOPS

- a) Are E-liquid flavour combinations mixed by employees only? Yes No
- b) Do you offer free flavor samples? Yes No
- c) If so, are your samples Nicotine free?
- d) Are the staff appropriately trained on how to handle liquid nicotine and aware of the dangers associated with spillage? Yes No
- e) Does this location have a hookah lounge or vaping lounge? Yes No
- f) Does this location have any of the following:
- Live Music/DJs
  - Bouncers/Doormen
  - Liquor Sold/Served
  - Fresh Food Service
- e) Would you like your GL coverage to extend to events in your vaping lounge? Yes No

#### V. WARNINGS

- a) Do you warn your customers about:
- i. Nicotine and addiction? Yes No
  - ii. Nicotine overdose (how much advisable to vape each day and/or strength) Yes No
  - iii. Explosion risk due to overcharging and charging with incompatible devices (including USB, car adaptors and iPhone chargers)? Yes No
  - iv. Toxicity of E-Liquid if spilled on skin? Yes No
  - v. Dangers of inappropriate storage of batteries (i.e. loose in pocket/handbags)? Yes No
- b) Are these warnings given in writing or verbally? \_\_\_\_\_
- c) Do you advise how e liquid should be stored and disposed of? Yes No
- d) Do you promote your products as a smoking cessation device? Yes No
- e) Do you promote your products as Healthy or a healthy living choice? Yes No

#### VI. MARKETING

- a) Do you sell online? Yes No
- b) Do you market on social media? Yes No

c) Please describe controls in place at point of sale to prevent under age sales:

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d) Do you sell Nationwide? Yes    No

If Yes, how do you verify that out of state customers are in compliance with relevant state law related minimum age? \_\_\_\_\_

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**GENERAL INFORMATION**

a) Have any of your products been discontinued or recalled in the past 5 years, for reasons other than popularity? Yes    No

i. If yes, explain \_\_\_\_\_

b) Are you planning to introduce any new products (other than new flavours) in the next 12 months? Yes    No

i. If yes, list product(s) \_\_\_\_\_

c) Can your products be identified from those of competitors? Yes    No

d) Do you keep comprehensive sales records for your customers and if so for how long ? ( i.e. if asked – could you verify what was sold to a specific customer on a specific date)

**INSURED HISTORY – CLAIMS, LOSSES, INCIDENTS:**

a) Have you had any claims in the past 5 years? Yes    No  
If yes, on a separate sheet provide details and attach loss runs

b) Are you aware of any incident(s) that may result in a claim not reflected in the above question? Yes    No

If yes, explain: \_\_\_\_\_

**VI. COVERAGE HISTORY:**

a) Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
 Rate: \$ \_\_\_\_\_ Term: \_\_\_\_\_ Deductible/SIR: \$ \_\_\_\_\_

b) Coverage Form:        Occurrence        Claims Made        Retro Date: \_\_\_\_\_

c) Has the applicant ever been declined or refused coverage, or had its coverage cancelled or non-renewed? Yes    No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**VII. COVERAGE REQUEST:**

a) Limits of Coverage/Deductibles:

Coverage	Limits Requested	Deductible Requested	Retroactive Date Requested
Products Liability			
General Liability			

b) Do you require a Blanket Vendors Additional Insured Endorsement? Yes    No

c) Do you require an individual Vendors Additional Insured Endorsement? Yes    No

If yes, provide name, address, and any special wording requested by the vendor/distributor:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Do you require an individual a Landlord/Lessor Additional Insured Endorsement? Yes    No

If yes, provide name, address, and any special wording requested by the landlord/lessor:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

***I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.***

***Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.***

***I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.***

**WARNING**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD, AND SUBJECT TO STATE FINES.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE